

INDO-US Academic Council for Emergency & Trauma

PHOTOCOPIED
FORMS WILL BE ACCEPTED
or
Download at www.acet2007.org

REGISTRATION FORM

Name:.....

Email:.....

Please check Email on a regular basic. Email is the recommended communication method for INDUS-ACET2007

Institution:.....

Designation: one

1. Faculty 2. Resident 3. Student

4. Nurse 5. Paramedic Indian Delegate

6. Physician/Surgeon 7. Nominated Councilor

8. SAARC Country Delegate 9. Foreign Delegate

Postal Mailing Contact: (Mandatory)

Address:.....

Phone:.....

Student, Residents, Nurses and Paramedics need to provide Proof of Identity letter from head of their institutions

Registration of National CME: Limited registration of 100 delegates on first cum first basis for National CME on 2nd September, 2007. Registration will be free of cost.

I have Read the Rules and will abide by them.

Signature:.....

COUNCILOR NOMINATION FORM

Please check Email on a regular basic. Email is the recommended communication method for INDUS-ACET2007

Name of Nominated Faculty:.....

Faculty Position:.....

Medical College:.....

Department:.....

Address:.....

Phone:.....

Mailing Address:.....

Phone at Home:.....

Email: (mandatory).....

Demand Draft No.

I have Read the objectives and expectations of the Position of Nominated Councilor on the INDUS-ACET 2007-2008.

I agree with the requirements. I have attached the needed documents.

Check List: (Circle the Needed)(All need to be circled)

- | | |
|--------------------------------|-------------------------------|
| 1. completed Registration Form | 2. Completed Nomination Form |
| 3. Dean's Support Letter | 4. Curriculum Vitae |
| 5. Registration Fees | 6. Demand Draft of Rs. 1500/- |
| 7. Passport size Picture | |

ACET-COUNCILOR can also attend the National CME without any extra cost.

Signature:.....